SEEC FORM 20

Itemized Campaign Finance Disclosure Statement CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION Revised January 2015

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Do Not Mark in This Space For Bright STUL, CT

COVER PAGE

1. NAME OF COMMITTEE			
Barnes for	treasurer		
2. TREASURER NAME			
First	MI	Parnes	Suffix
3. TREASURER ADDRESS Street Address	la:		
Street Address 1922 Perkins	Street 3	Bristol	State Zip Code OLOOLO
4. ELECTION/REFERENDUM DATE	5. OFFICE SOUGHT (Complete onl	ly if Candidate Committee)	6. DISTRICT NUMBER
(mm/dd/yyyy) 11 07 2017	City Treas	ver	(if applicable)
7. CANDIDATE NAME (Complete only if	Candidate or Exploratory Committee) MI	Tv - 4	la m
Thomas		Barnes	Suffix
8. TYPE OF REPORT (Check One Box)			
O January 10 filing	7th day preceding primary	7th day preceding referendum	Initial Contribution or Disbursement (PACs ONLY)
April 10 filing	30 days following primary	45 days following referendum	Amendment to
July 10 filing	7th day preceding election	O Deficit	Type of Report:
October 10 filing	12th day preceding election (State Central Committees Only)	Termination .	
O24 Hour Independent Expenditure Primary OElection	O45 days following election not held in November		
9. PERIOD COVERED			
	Beginning Date	Ending Date	
	10/1/2017	thru 10/29/2017	1
- 		- Cope of action	
10. CERTIFICATION			
I hereby certify and state, under p Disclosure Statement for the per	enalties of false statement, that riod covered is true, accurate	all of the information set forth on thi and complete.	s Itemized Campaign Finance
		Page 1	
TREASURER OR DEPUTY TREASURE	ER (SIGNATURE) PRIN	NT NAME OF STORIER	DATE (mm/dd/yyyy)
A person who is	found to have knowingly and w	rillfully violated any provisions of the	campaign finance statutes

Page 1 of 17

SEEC FORM 20

Itemized Campaign Finance Disclosure Statement
CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION
Revised January 2015

SUMMARY PAGE TOTALS

NAME OF COMMITTEE (Pravide Complete Name as Registered with Filing Repository)	TYPE OF REPORT	
tarnes for Treasurer	79h Day Prec	eedma-
	COLUMN A This Period	COLUMN B
11. Balance on hand January 1 of current year for ongoing and party committees OR Balance on hand from day committee was formed for all other committees	This remod	Aggregate
12. Balance on hand at the beginning of Reporting Period	5811.le1	
13. Contributions Received from Individuals (Sections A and B)	\bigcirc	10875.00
14. Receipts from Other Committees (Sections C1 and C2)	Ø	Ø
15. Other Monetary Receipts (Sections D through K)	Ø	40.00
16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3)		
16b. Per Public Act 11-48, effective January 1, 2012 Section L2, removed	Y	
16c. Total Purchases of Advertising—Program Book or Sign (Section L3)	Ø	Ø
17. Total Monetary Receipts (add totals for Lines 13 through 16c)	Ø	6915.00
18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)	5811.61	6915.00
19. Expenses Paid by Committee (Section P)	4308.13	5411.52
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)	1503.48	1503.48
21. In-Kind Donations not Considered Contributions Received (Section L4)	\oslash	Ø
22. In-Kind Donations not Considered Contributions — House Party (Section L5)	\bigcirc	Ø
23. In-Kind Contributions Received (Section M)	\emptyset	Ø
24. Refundable Deposit to Telephone Company (Section N)	Ø	Ø
25. Loan Balance	$\langle \rangle$	
25a. + Loans Received (Section D)	Ø	Ø
25b. + Interest and Penalties on Loan	\varnothing	Ø
25c Payments on Loan	Ø	Ø
25d. Total Outstanding Loan Amount	Ø	
26. Campaign Expenses Paid by Candidate (Section Q)	0	Ø
27. Expenses Incurred on Committee Credit Card (Section R)		Ø
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)	Ø	
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)	Ø	

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Comp.	lete Na	me as F	Registered with Filing Repository)			TYPE QF F	EPORT		
Framos for	Tr	$e\alpha$	surer			Ahr	VIII	200	cednie_
A. Total Contributions fro		mal	Contributors-Receiv			\$	<u>au</u>	TI C	Carre ()
(See instructions for definition of	Small	Contr	ibutor) !	SUBT	OTAL SECTION A	Ψ			
									Jan ^{an}
			B. Itemized Co	ntrib	utions from Indivi	duals			
Last Name				Fi	rst		at.	par de la companya de	MI
Residential Street Address									
Acsidential Street Address				City			pp.	State	Zip Code
Principal Occupation					Name of Employer				
					- Immo or maproyer				
	Yes	If co	ontribution is in excess of \$400	to a car	 ndidate for a chief executive	e officer of a	municipality	. Ama	unt of Contribution
or dependent child of a lobbyist?	No	does	contributor or business he/she ed at more than \$5,000?	is asso	ciated with have a contract OYes ONo	with said mu	nicipality		
Is this contribution associated with an	O	Yes	Is contributor a principal of a s	state co	ontractor or prospective state	e contractor?	O Yes	1	
event reported in Section L1? If yes, list Event #	0	No	If yes, indicate which bran of government the contract			OLegislati	ve 🔘 No		
Method of Contribution:					Date Received	Aggregate Cor		1	
OCash OPersonal Check OCredit/I	Debit C	Card (Payroll Deduction OMoney	Order			•		
Last Name				Fjr	rst			-	MI
			·	1					
Residential Street Address				City				State	Zip Code
Principal Occupation					Name of Employer				
•					Traine of Employer				
Is contributor a lobbyist, spouse,	Yes	If co	ntribution is in excess of \$400 t	to a can	didate for a chief executive	officer of a r	nunicipality	Amo	unt of Contribution
or dependent child of a lobbyist?	No	does	contributor or business he/she ed at more than \$5,000?	is assoc	ciated with have a contract	with said mur	icipality	Amo	ant of Contribution
Is this contribution associated with an	O	Yes	Is contributor a principal of a	state co		e contractor?	Yes	1	
event reported in Section L1? If yes, list Event #	0	No	If yes, indicate which bran	nch or l	branches	C Legislati	O No		
Method of Contribution:		g de la companya de l	or Bovernment the contract	LIS WIL	Date Received	Aggregate Con		-	
OCash OPersonal Check OCredit/D	ebit C	ard (Payroll Deduction Money	Order					
Last Name				Fir	rst	· · · · · · · · · · · · · · · · · · ·			MI
	<i></i>								
Residential Street Address			· ·	City				State	Zip Code
Principal Occupation					IN CF 1				
					Name of Employer				
Is contributor a lobbyist, spouse,	Yes	If co	ntribution is in excess of \$400 t	o a can	didate for a chief executive	officer of a r	nunicipality	T	
or dependent child of a lobbyist?		does	contributor or business he/she at more than \$5,000?	is assoc	ciated with have a contract v	with said mun	icipality	Amot	ant of Contribution
Is this contribution associated with an	0		Is contributor a principal of a s	tate cor		contractor?	Yes	-	
event reported in Section L1? If yes, list Event #		No	If yes, indicate which bran of government the contract	ich or t	oranches	_	ŎΝο		
Method of Contribution:			of government the contrac	t is with	h: Executive Date Received	Legislativ Aggregate Con		-	
Cash Personal Check Credit/D	ebit C	ard C	Payroll Deduction OMoney	Order		-			
			SIIDT	OT 4	I Santian D. Th:	D		7	
			SUBI	UIA	L Section B — This	rage	$\overline{}$	$\langle \ \rangle$	
			TOTAL	of ad	lditional Section B P	ages		/	
TOTAL	OF A	ALL C	CONTRIBUTIONS FROM (Enter total on Line 1	INDI 3, Colu	IVIDUALS (Sections A umn A of Summary Page T	+B) (

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMI	TTEE/1R70vide Complete No	ime as Registered wi	th Filing Reposite	iry)			TYPE OF REI	PORT		
Lyarnes		Berer					MAN	VI 1	Deco	dine
	,-,-	C1. C	ontribution	is from	n Ot	her Comm	ittees	~~	_11.00	
Name of Committee						Name of Treasur		•		
Address										
Address				Is this	contrib	ution associated	with an OYes ON	lo	Amount of	Contribution
				eventr	еропес	d in Section L1? <i>If yes</i> , lis	t Event#			
City		State	Zip Code	Date	Receiv		Aggregate Contributions			
									,	
N 60 1										
Name of Committee					-	Name of Treasur	er			
Address				Is this o	contrib	ution associated	with an OYes ON	Io.	Amount of	Contribution
				event re	eporte	l in Section L1?	/	.		
City		I 54-4-	T	<u> </u>		If yes, list				
Chy		State	Zip Code	Date	Receiv	ed Art	Aggregate Contributions			
Name of Committee				L_		Name/of Treasur	er			
Address										
Address				Is this c	ontrib	ution associated I in Section L1?	with an Yes ON	o	Amount of	Contribution
				CVCIICIO	portec	If yes, list	Event#			
City		State	Zip Code	Date	Receiv	ed	Aggregate Contributions			
								Ī		
N 05 1	C2. Reir	nbursements	or Surplu	s Dist	ribut		other Committee	es		
Name of Committee		,				Name of Treasur	er .			
		p								
Address				Cit	 .y				State	Zip Code
Date Received	Expenditure #	Payment Type								
Date Received	(if applicable)	_			^ -				Amount	of Receipt
		OReimburseme	nt for shared ex	pense	O Sur	plus Distributio	n			
Description										
Name of Committee						Name of Treasure	er	<u></u>		
Address	/			Cit	l				State	Zip Code
/				"	,				State	Zip Code
	I.B									
Date Received	Expenditure # (if applicable)	Payment Type							Amount o	of Receipt
		Reimbursen	ent for shared of	expense	Os	urplus Distribut	ion	1		
Description										
	= -								7	
									/ 	
			SUBTOT	'AL Se	etion	C — This P	age		/ \	
			TOTAL		a I	Carda On		-/		
	Property and the second					Section C Pa				
	TOTAL OF AL						***************************************	/		
	(Sections C1	+ C2) (Enter to	at on Line 14,	Column .	A of Si	ummary Page T	otals)			

NAME OF COMMITTEE (Provide Complete Name as Registered with I		ZEII 13 (Seci	TYPE OF	REPORT	
tames for Treasure	X	,	Th	Day	Preceding
	. Loans Recei	ved this Period)	
Name of Lender		Source of Loan: Bank Canc	didate 🔘 Individua		Date of Receipt
Street Address	City	<u> </u>	State	Committee Zip Code	Is there a Cosigner or
					Guarantor of this loan? O Yes O No
Name of Cosigner/Guarantor (if applicable)					Amount Received
Street Address	City		State	Zip Code	
					·
Name of Lender		Source of Loan:			Date of Receipt
Street Address	City	Bank Ocano	lidate Individual	Committee	
	City		State	Zip Code	Is there a Cosigner or Guarantor of this loan?
Name of Cosigner/Guarantor (if applicable)		/			O Yes O No
					Amount Received
Street Address	City		State	Zip Code	
Name of the state					
Name of Lender		Source of Loan: Bank Cand	lidate 🔘 Individual		Date of Receipt
Street Address	City	1	State	Committee Zip Code	Is there a Cosigner or
					Guarantor of this loan? Yes No
Name of Cosigner/Guarantor (if applicable)					Amount Received
Street Address	City	= 1.1	State	Zip Code	
		TOTAL SECTI	ON D (
E. Receipts from Entities other tha	n Individuals	or Other Comm	aittees (Pafaran	dum Committee	or ONLY)
Name of Entity		or other contra	intees (Rejerent	ium Comminei	23 O(VL1)
Street Address			Date Received		Amount Received
City	State	Zip Code	Aggregate Contribu	tions	and the same of th
Name of Entity					
Street Address		- Aller - Alle	ID. B		
	The state of the s		Date Received		Amount Received
City	State	Zip Code	Aggregate Contribu	tions	
				·	
Name of Entity					
Street Address		· · · · · · · · · · · · · · · · · · ·	Date Received		Amount Received
					vant received
City	State	Zip Code	Aggregate Contribu	tions	
				-	
		TOTAL SECTION	ON E		•

NAME OF COMMITTEE Pro	vide Complete Name as Regis	tered with Filing R	(epository)		ľ	TYPE OF RE	PORT <	
tames to	- Treasur	er			3	THE	Sau Y	ecedina
F. An	ount Transferred	from Affil	iated Bu	siness Treas	ury (Business	Entity Com	mittees ONLY)	1
Date of Receipt	Is this transaction assoc event reported in Section	iated with an	PYes No	If yes, list Event			Amoi	ant
Date of Receipt	Is this transaction assoc event reported in Section		Yes No	If yes, list Event	#		Amou	int .
Date of Receipt	Is this transaction assoc event reported in Section		8 Yes No	If yes, list Event	#		Amou	int
Date of Receipt	Is this transaction assoc event reported in Sectio		Yes No	If yes, list Event	#		Amou	nt
				TOTAL	SECTION F	(D	
G. Amount Transf	erred from Affilia		Union or	Other Orga	nization Tr	easury <i>(01</i>	ganization Con	mittees ONLY)
Date of Receipt		Date of Receipt			Da	ate of Receipt	rgados lied any financia accus diabatam piga agis na siyay a a nigeriya a	
Amoun	t	and the state of t	Aï	nount			Amount	
	2 ment and an annual	The State of the S						·
				TOTAL SE	ECTION G	Ź	7	
		-			-	7		
H,]	Personal Funds of	the Candid	ate Rece	ived this Per	iod (Candida	ate Committe	ees ONLY)	
Date of Receipt	Method of payment: Cash	O Pe	ersonal Chec	ık O C	redit/Debit Card		Amo	unt
Date of Receipt	Method of payment:				Charles Standard State Control of the Control of th	THE PERSON NAMED IN COLUMN TO PERSON NAMED I	Amo	unt
·	○ Cash	O Pe	ersonal Chec	k Oc	redit/Debit Card		7 8 110	
Date of Receipt	Method of payment:	The state of the s	and the same of th				Amoi	ınt
	O Cash.	O Pe	rsonal Chec	k OC	redit/Debit Card			
Date of Receipt	Method of payment:			, , , , , , , , , , , , , , , , , , ,			Amou	int
	Cash	O Pe	rsonal Chec	k O Cı	redit/Debit Card			
				TOTAL	SECTION I	H (
· .								
		I. Ano	nymous	Contribution	ns			

Per Public Act 11-48, Anonymous Contributions may no longer be deposited in *any* amount. If a committee receives an anonymous contribution, the campaign treasurer shall immediately remit the contribution to the State Elections Enforcement Commission for deposit in the General Fund.

NAME OF COMMITTEE (Provide Complete Name as Registered with F	illing Repository)		PREPORT _	_
Dames for Theasure	= - 1	740	Day t	receding
J. Interest fr	rom Deposits in Authorized Accoun	Date Rece	et eta Zerona	
A Miles Of Ambition (A)		Date 100.	-Parla Warran Communication and and	Amount
Street Address	City	tate	Zip Code	
Name of Institution		Bass		
Name of Institution	AND THE RESIDENCE OF THE PARTY	Date Rece	rived	Amount
Street Address	City	tate	Zip Code	
	TOTAL SECTION	٧J		· · · · · · · · · · · · · · · · · · ·
K. Miscellaneous Mo	netary Receipts not Considered Co	ntribut	ions	
Name			of Transaction	Amount Received
Street Address	City	State	Zip Code	
Description			And the second s	
Name		Date	of Transaction	Amount Received
Street Address		13:42	T=. 3 1.	Amount Access
Succi Address	City	State	Zip Code	
Description		<u> </u>		
	,			1
Name		Date	of Transaction	+
		Date	of Transaction	Amount Received
Name Street Address	City	Date	of Transaction Zip Code	Amount Received
	City			Amount Received
Street Address Description	City	State	Zip Code	Amount Received
Street Address	City	State		Amount Received
Street Address Description	City	State	Zip Code	
Street Address Description Name		State	Zip Code	
Street Address Description Name Street Address		State	Zip Code	
Street Address Description Name Street Address		State	Zip Code	
Street Address Description Name Street Address Description	City TOTAL SECTION K	State Date State	Zip Code of Transaction Zip Code	
Street Address Description Name Street Address Description	City	State Date State	Zip Code of Transaction Zip Code	
Street Address Description Name Street Address Description SUMMARY OF OTHER	TOTAL SECTION K MONETARY RECEIPTS (Sections	State Date State	Zip Code of Transaction Zip Code	
Street Address Description Name Street Address Description SUMMARY OF OTHER Total Loans Received this Period (Section D)	TOTAL SECTION K MONETARY RECEIPTS (Sections er Committees (Section E)	Date State State	Zip Code of Transaction Zip Code	
Street Address Description Name Street Address Description SUMMARY OF OTHER Total Loans Received this Period (Section D) Total Receipts from Entities other than Individuals or Other	TOTAL SECTION K MONETARY RECEIPTS (Sections er Committees (Section E) ury (Section F)	Date State Date State + +	Zip Code of Transaction Zip Code	
Street Address Description Name Street Address Description SUMMARY OF OTHER Total Loans Received this Period (Section D) Total Receipts from Entities other than Individuals or Other Total Amount Transferred from Affiliated Business Trease	TOTAL SECTION K MONETARY RECEIPTS (Sections er Committees (Section E) ury (Section F) r Other Organization Treasury (Section G)	Date State Date State + +	Zip Code of Transaction Zip Code	
Street Address Description Name Street Address Description SUMMARY OF OTHER Total Loans Received this Period (Section D) Total Receipts from Entities other than Individuals or Other Total Amount Transferred from Affiliated Business Treasures Total Amount Transferred from Affiliated Labor Union or	TOTAL SECTION K MONETARY RECEIPTS (Sections er Committees (Section E) ury (Section F) r Other Organization Treasury (Section G) d this Period (Section H)	Date State Date State + + + + + + + + + + + + + + + + + + +	Zip Code of Transaction Zip Code	
Street Address Description Name Street Address Description SUMMARY OF OTHER Total Loans Received this Period (Section D) Total Receipts from Entities other than Individuals or Other Total Amount Transferred from Affiliated Business Treasures Total Amount Transferred from Affiliated Labor Union or Total Amount of Personal Funds of the Candidate Received Total Amount of Interest from Deposits in Authorized Acc	TOTAL SECTION K MONETARY RECEIPTS (Sections er Committees (Section E) ury (Section F) r Other Organization Treasury (Section G) d this Period (Section H)	Date Date State State + + + + + + + + + + + + + + + + + + +	Zip Code of Transaction Zip Code	
Street Address Description Name Street Address Description SUMMARY OF OTHER Total Loans Received this Period (Section D) Total Receipts from Entities other than Individuals or Other Total Amount Transferred from Affiliated Business Trease Total Amount Transferred from Affiliated Labor Union or Total Amount of Personal Funds of the Candidate Receiver	TOTAL SECTION K MONETARY RECEIPTS (Sections er Committees (Section E) ury (Section F) r Other Organization Treasury (Section G) d this Period (Section H)	State Date State State + + + + + + + + + + + + + + + + + + +	zip Code of Transaction Zip Code ough K)	

NAME OF COMMITTEE	(Provide Complete Name as Registered with Filing Repository)		(2-3-3-3-1)	TYPE ON	DDODT	/	1	
Dames.	for theasurer			AR	Drok!	$\frac{1}{\lambda} x$	reci	2 1/1/20
, per (x)	L1. Even	t Infor	mation		<u> 1)uu</u>	7-11	40	and o
Event # Date of Event Letter	Description					Was th	nis a fin	draising event
) Yes	ONo
Location: Street Address		City				- All Park	ate	Zip Code
					. Market Mar			
Subpart 1: (All Committee	()			12 Carrie Land	****			
Was this event hosted at a		OVac	(If to Continue Tri	J. IV. ID				
	a potsonal residence:	O i es	(If yes, go to Section 1.5 Associated with a House	se Party and	complete	require	ed infor	Contributions mation for any
		O No	purchases made by host	(s) for food, t	oeverage a	nd invita	ations.)	,
Did this fundraiser includ	e goods or services donated by a business entity		orm/IC	T 77: 1D				
of up to \$200 or items do	nated by an individual of up to \$100?	O Les	(If yes, go to Section L4 and complete required in	In-Kind Donformation.)	nations n	ot Consi	idered (Contributions
		ON ₀						
Was this fundraiser a tag	sale, auction, or other sale of donated items	O Yes	(If yes, enter Total Rece	ipts here.)				
with purchases from an in	idividual of up to \$100?	O No				\$		
Subpart 2: (Party Comm	nittees, Municipal Candidates and Political Comm		her than Exploratory (Committees)			
were there purchases of a	advertising space in a program book or on a	O Yes	(If yes, go to Section L3	Purchases o	f Advertis	sing Spa	ce in a l	Program Book
sign associated with this	fundraiser?	ONo	or on a Sign and compl	ete required	linformat	ion.)		
Subpart 3: (Town Comn	nittees ONLY)	-110						
Did your committee sell-1	food or beverage at a fair or similar mass	O Yes	(If yes, enter Total Rece	ipts here.)	Г			
gathering held within the	state with this fundraiser?	ONo		•	\rightarrow	\$		
		♥ No						
Event#	In							
Date of Event Letter	Description					Was thi	is a fun	draising event?
						Ç	Yes	O _{No}
Location: Street Address		City				Sta	ite	Zip Code
Subpart 1: (All Committee	ees)							
Was this event hosted at a	personal residence?	OYes	(If yes, go to Section L5	In-Kind Don	ations no	t Consid	dered C	ontributions
			Associated with a Hous purchases made by host(e Party and	complete	required	d inforn	nation for any
	•	ONo.	purchases made by most(s) 101 100d, D	everage an	ia invitat	uons.)	
Did this fundraiser includ	e goods or services donated by a business entity	O-Yes	(If yes, go to Section L4	In-Kind Do	nations no	t Consi	dered C	ontributions
of up to \$200 or items do	nated by an individual of up to \$100?	_	and complete required in	formation.)				
Was this fundraiser a tag	sale, auction, or other sale of donated items	O No	/76 m					
with purchases from an in	dividual of up to \$100?	Yes	(If yes, enter Total Recei	pts here.)	٦.	\$		
		O No			L	Ψ		
Subpart 2: (Party Comm.	ittees, Municipal Candidates and Political Comm dvertising space in a program book or on a	ittees oth	er than Exploratory C	ommittees)				
sign associated with this f	Sundraiser?	O i es	(If yes, go to Section L3) or on a Sign and comple	P urchases of ete required	Advertis	ing Spac	ce in a P	rogram Book
		O No		oro roquin ou	mior mac	.011.)		
Subpart 3: (Town Comm	iffees ONLY)							
gathering held within the	ood or beverage at a fair or similar mass	O Yes	(If yes, enter Total Receip	pts here.)		\$		
Same with the f	sate will ans fandraiser:	ONo			L			
SUBTOTAL Section	n L1—Subpart 1 (All Committees) Total Receipts fro	m Sale o	f Donated Items — T	his Page			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	<
	SUBTOTAL Section	on L1—sc	bpart 3 (Town Committe	es ONLY)	7		} /	\rightarrow
	Total Recei	pts from	Food Purchases — T	his Page			_	
		FOTAL (of additional Section I	1 Pages	(
	TOTAL OF ALL RECEI	PTS FR	OM SMALL PURO Column A of Summary P	CHASES		/		/

Per Public Act 11-48, effective January 1, 2012 committees are no longer required to itemize small individual purchases from a committee tag sale, auction, or a sale of donated items. *Section L2. removed*

NAME OF COMMITTEE	(Provide Complete Name as Register	ed with Filing Reposito	(ממני	TYPE OF	REPORT		
tarnes	tor Treas	surer		Th	May	+ seco	ana_
	L3. Purchase	s of Advertisi	ng in a Progra	m Book or on a Sign			Ď
Name of Purchaser					Purch	ase Made By:	
					Ов	usiness Entity	Other
Street Address			T		OIn	dividual/Sole I	T/
Succi Address		•	City		~ .	State	Źip Code
				•			
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Program Ad P	urchase	Amount of Si	gn Purchase
						_	
Name of Purchaser				<u> </u>	Purcha	se Made By:	
				/	/ О в	usiness Entity	Other
Sa					OIn	dividual/Sole P	roprietorship
Street Address		·	City			State	Zip Code
							* *
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Program Ad P	urchase	Amount of Sig	gn Purchase
	•						
Name of Purchaser		L		JAPP .	Purcha	se Made By:	
					١ ـ	siness Entity	Other
			And Market Market		OIn	dividual/Sole P	roprietorship
Street Address			City			State	Zip Code
		o de la composición dela composición de la composición dela composición de la composición dela compos					
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Program Ad P	urchase	Amount of Sig	gn Purchase
Name of Purchaser		Appendix.			Purchas	se Made By:	
	/				1 =	siness Entity	Other
Street Address			City		Olno	lividual/Sole P	roprietorship Zip Code
						State	Zip Couc
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Program Ad Pu	rchasa	Amount of Sig	n Dunchasa
- A				······································	Tenase	Amount of Sig	n rurchase
Name of Purchaser			, , , , , , , , , , , , , , , , , , , ,				
rame of rulenaser					ı	e Made By:	
/	·				1 =	siness Entity lividual/Sole Pr	Other
Street Address			City	,	O Inic	State	Zip Code
Date Received	Event #	Aggregate Purchases i	for All Events	Amount of Program Ad Pu	rchase	Amount of Sig	n Purchase
						,	/
	SUBTOTAL Section L3 To	tal Purchases of	Advertising in Pro	ogram Book — This Pag	e /	7	
	SUBTOTAL Section	n L3 Total Purch	nases of Advertisi	ng on a Sign — This Pag	e /		
			TOTAL of ad	ditional Section L3 Pages		/	-
TOTAL	. OF ALL PURCHASES OI	ADVERTISING	G IN A PROGRA	M BOOK or ON A SIGN		/	-/
		(Enter total on I	.ine 16c, Column A	of Summary Page Totals	\times		

II. EVENT ACTIVITY (Sections L1—L5)

NAME OF COMMITTE	E Provide Complete Name as Register	ead with Filips Paparitons			TYPE OF REPOR	m.	
					Flh No	- ()	0 - 0 -
trimes	for Treasu				<u>(1' </u>	<u>444</u>	cedng
Name of Donor	L4, 111-K	ind Donations N	ot Conside	red Contribu	tions	1	Ü
Traine of Bonor							
Street Address				······			
Street Address			City			State	Zip Code
							/
Donation Given By:	Description of Donation					Fair Market	Value of Donation
Business Entity						/ / .	
OIndividual	Date Received	Event #		Aggregate Value for	this Event		
Sole Proprietorship							
Name of Donor				. 1			
Street Address			City	,	<i></i>	State	Zip Code
			City			State	Zip Code
- · · · · ·			<u> </u>		· · · · · · · · · · · · · · · · · · ·		
Donation Given By: Business Entity	Description of Donation			part of the second		Fair Market	Value of Donation
OIndividual		- p-a		<u> </u>	·		
OSole Proprietorship	Date Received	Event #		Aggregate Value for	this Event		•
Name of Donor			and the second				
		general commence of the commen	·				
Street Address		A Partition of the San Contract of the San Con	City			State	Zip Code
		and the second					
Donation Given By:	Description of Donation	para a a a a a a a a a a a a a a a a a a	<u> </u>			Fair Market	Value of Donation
OBusiness Entity						1 am Market	Value of Bonation
OIndividual	Date Received	Event #		Aggregate Value for	this Event	·	ļ
Sole Proprietorship							·
Name of Donor		1					
Street Address			City			State	Zip Code
			City			State	Zip Code
D : 6: D	12/11/20/11						
Donation Given By: Business Entity	Description of Donation					Fair Market	Value of Donation
O Individual		_		·			
Sole Proprietorship	Date Received	Event #		Aggregate value for t	his Event		
						1	
		SUBTO	TAL Section	L4— This Page			
		TOTAL	ne naaisin na 16	See Land		/	
		TOTAL	or additional s	Section L4 Pages			
тот	AL OF ALL IN-KIND DONA	TIONS NOT CON	SIDERED CO	NTRIBUTIONS			
		total on Line 21, Coli					
						<u>,</u>	
							l

II. EVENT ACTIVITY (Sections L1—L5)

NAME OF COMMITTEE (Pro	vide Complete Name as Registered with Filing Reposi	itory)		TYPE OF R	EPORT	
Lames to	x Treasurer			Ahi	Sal J	Recodin
L5. I	n-Kind Donations Not Consider	ed Contributions Associa	ated with a l	House Par	'ty	1 CCC
Name of Host			committee?	supporting n OYes ON omplete Itemi	Vо	ne candidate or dendum 15
Street Address		City			State	Zip Code
Description of Donation				Fair Ma	rket Value	of Donation
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—this h	ost/candidate			
Name of Host			committee?	supporting m OYes ON mplete Itemiz	lo	ne candidate or
Street Address		City			State	Zip Code
Description of Donation			,	Fair Ma	rket Value (of Donation
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—this h	ost/candidate			
Name of Host			committee?	supporting m Yes ON mplete Itemiz	o	e candidate or
Street Address		City			State	Zip Code
Description of Donation				Fair Mai	rket Value o	f Donation
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—this ho	ost/candidate			
Name of Host			committee?	upporting money of the Markett	0	e candidate or
Street Address		City			State	Zip Code
Description of Donation				Fair Mar	ket Value o	f Donation
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—this ha	ost/candidate	·		/
	S	UBTOTAL Section L5 —	This Page			
		OTAL of additional Section		1/		
TOTAL OF ASSOCIATED WITH A	ALL IN-KIND DONATIONS NOT HOUSE PARTY (Enter total on Lin	CONSIDERED CONTRII ne 22, Column A of Summary 1		\times		

NAME OF COMMITTEE (Provide Complete	Name as Rei	mistered with	Filing Reposit			II IB (Beeno		FREPORT (
Prince Francis	rea	~.	C	ory)			1 Fell	Maria I	Docc	Min a
TALLOCS ICA	ii Ca	<u> </u>	M In-I	Kind Co	ntri	butions	(1	- Law	nace	4111
Name				kina Co.		Dutions				_
Street Address			· · · · · · · · · · · · · · · · · · ·		City	1			State	Zip Code
									ı	
Type of contributor: Committee	Date Receiv	ved	Aggregate Co	ontributions		Description of In-Kind	Contribution	l J		,4
Individual / Sole Proprietorship Other									Market	
Is contributor a lobbyist, spouse, Yes	If contrib	oution is in	excess of \$40	00 to a candi	idate	for a chief executive o	fficer of a	municipality,		
or dependent child of a lobbyist? No		t more than		ne is associa		Yes ONo	ui said mu	nicipality		Market Value s Contribution
Is this contribution associated with an event reported in Section L1?	Q Yes					actor or prospective sta	ate contrac	tor? OYes		
If yes, list Event #	O No		indicate which enment the co			nches Executive	Legisla	tive No		
Name							<u> </u>			
Street Address		- ,,,,,,		***************************************	City				State	Zip Code
Type of contributor: OCommittee	Date Receiv	red	Aggregate Co	ontributions		Description of In-Kind (Contribution			
OIndividual / Sole Proprietorship Oother				/_						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contri does con	bution is in ntributor or	excess of \$4 business he/s	00 to a cand the is associ	lidate ated v	for a chief executive of with have a contract w	officer of a	municipality,		Market Value s Contribution
	valued a	t more than	n \$5,0003/			Yes No		шпогранту	or this	S Contribution
Is this contribution associated with an event reported in Section L1?	Yes No	Is contribut	tor a principa indicate whic	l of a state c	ontra	ctor or prospective sta	te contract			
If yes, list Event#	O	of gover	nment the co	ntract is wit	h:	Executive (Legislat	ive ONo		
Name		me the state of th								
Canada A I I										
Street Address					City				State	Zip Code
Type of contributor: Committee	Date Receiv	red.	Aggregate Co	ntributions	Ц,	Description of the Visto	1		<u> </u>	
OIndividual / Sole Proprietorship Oother	Date Receiv	cu	Aggregate Co.	ntrioutions		Description of In-Kind C	ontribution			
Is contributor a lobbyist, spouse, Yes	If contri	bution is in	excess of \$4	00 to a cand	idate	for a chief executive of	officer of a	municipality I	T7	M. 1 477.7
or dependent child of a lobbyist?	does cor	ıtributor or	business he/s	he is associa	ated v	with have a contract wi	ith said mu	nicipality		Market Value Contribution
Is this contribution associated with an						Yes No ctor or prospective stat	e contract	or? OVer		
event reported listed in Section L1? If yes, list Eyent #	8 No	<i>If yes</i> , i	ndicate whic	h branch or	bran	iches		ŎNo l		
1) yes, list Event #		of gover	nment the co	ntract is with	h:	Executive (Legislati	ive	_	
			SU	BTOTAL	Sect	ion M — This Pag	e			
			ТОТ	AL of add	ition	al Section M Page	s /			
TOTAL OF ALL IN-KIND CON'	TRIBUT	IONS Œ	nter total on I	ina 23. Colu	mn 1	of Summan Bon Tot	-/		/	
TO THE STANDER WITH COMME										
	N.	Refund	lable Dep	osit to T	elej	ohone Company	7			
Last Name of Individual				First				MI	Date Deposit	Made
							. The state of the			
Residential Street Address			City	7		and the same of th	State	Zip Code		Amount of
					a server ser	and of the second secon			'	Deposit
Name of Telephone Company				AND DESCRIPTION OF THE PARTY OF					-	
		-	of the state of th							
Street Address	NEW YORK STREET, STREE	an regularization in the second	City	,		T s	State	Zip Code	-	
- accompany to the second										
									7	
TOTAL SE	CTION	N (Enter to	otal on Line 2	24, Column	A of	Summary Page Total	y		/	

SEEC FORM 20 Revised January 2015

IV. EXPENDITURES (Sections P—T)

Page 13 of 17

NAME OF COMMIT	TEE Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT	
4 will	to Treasurer	7th Day	+ neceding
Name of Payee	P. Expenses Paid by Committee	Date of Payment	Method of Payment:
PXOPY-	1000	Mulia	© Check # 1005
Street Address	City	10/11/11	Debit Card DEFT State Zip Code
Les cas	+ Main Street Bristol		CT 06010
Purpose of Expenditure (by code)	Description Event #		Amount
Expenditure #	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked	n	
(if applicable)	None of the below		127.62
	Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) Independent Organization	A О в О с О р	
Name of Payee		Date of Payment	Method of Payment: Check # 1000
Street Address	- Jacanso	10/11/17	O Debit Card OEFT
172 11	d Usu Dal Carle Pail labor		State Zip Code
Purpose of Expenditure	Description Event#		Ct 106151
(by code)	Design + Printing of Packaged a lailor		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked).	2000
(i) appricaoie)	None of the below Coordinated with reimbursement sought (joint expenditure) Independent		200.00
	Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) Organization Organization	ОВ ОС О В	
Name of Payee		Date of Payment	Method of Payment: Check # 1007
Street Address	DSTM(1STM)	10/16/17	Debit Card DEFT State Zip Code
173 Har	thill Rd South Bethlehem		CT 06751
Purpose of Expenditure (by code)	Description Event#		Amount
YOST	Hostage for postcard Mailer	Account to the control of the contro	_
Expenditure # (if applicable)	Type of Expenditure Atemization in Addendum P Required unless "None of the below" is checked. None of the below	0	3560.51
Name of Payee		A O B O C O D Date of Payment	Method of Payment:
"Pristol"	Republican Town Consulter	10/2/0/17	© Check #_1009
Street Address	City	Open	O Debit Card O EFT State Zip Code
10 50	x 1893 [Bristo]		CT 06011
Purpose of Expenditure (by code)	Description Event #		Amount
Expenditure #	170strara Mailer		
(if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked, None of the below		420.00
	Coordinated with reimbursement sought (joint expenditure) Independent	0.000	
	SUBTOTAL Section P — This P	$\begin{array}{c c} OB OC OD \\ \hline $	} 12
	TOTAL of additional Section P Pa	ges /X). 1.)
	TOTAL OF ALL EXPENSES PAID BY COMMITT (Enter total on Line 19, Column A of Summary Page To		1.13

NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filing Repositor	n)	TYPE OF REPORT				
Fames for Thasver			4th Day	4th Day Frecedury			
		penses Paid by Cand			J		
Name of Payee (Name of V	Vendor, Person or Entity who candidate paid directly)		Date of Payment	Is reimb	bursement claimed?		
				0	Yes No		
Street Address		City		State	Zip Code		
Purpose of Expenditure (by code)	Description		Event #		Amount		
(6) 1315)					And the second		
Name of Payee (Name of V	Vendor, Person or Entity who candidate paid directly)		Date of Payment	Is reimt	oursement claimed?		
				10	Yes O No		
Street Address		City		State	Zip Code		
Purpose of Expenditure	Description		Event #	-	Amount		
(by code)	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \				Amount		
Name of Payee (Name of V	 Vendor, Person or Entity who candidate paid directly)		Date of Payment	Is reimh	oursement claimed?		
Street Address		City		State	Zip Code		
				State	Zip Code		
Purpose of Expenditure	Description		Event#		Amount		
(by code)				•			
Name of Payee (Name of V	 endor, Person or Entity who candidate paid directly	/	Date of Payment	Is reimb	ursement claimed?		
			240 6. 2 47 1		Yes No		
Street Address		City		State	Zip Code		
				Siate	Zip Code		
Purpose of Expenditure (by code)	Description	-	Event#	1	Amount		
(by code)							
Name of Payee (Name of V	l 'endor, Person or Entity who candidate paid directly)		Date of Payment	Is reimb	arsement claimed?		
					res No		
Street Address	/	City			Zip Code		
Purpose of Expenditure	Description	<u> </u>	Event #	 	Amount		
(by code)	7			A.	Mount		
N-ma -FDavies (Name of V							
Name of Payee (Name of N	endor, Person or Entity who candidate paid directly)		Date of Payment		rsement claimed?		
				O Y	es No		
Street Address		City		State	Zip Code		
Purpose of Expenditure	Description			· ·			
(by code)	Безсприон		Event #	A	Amount		
				N			
		SUBTOTAL Section Q —	This Page		\		
	TO	OTAL of additional Section	n Q Pages	/ /			
	TOTAL OF ALL EXP	PENSES PAID BY CAN ne 26, Column A of Summary	DIDATE	-/			

NAME OF COMMITT	Provide Complete Name as Registered with Filing Repository,)	TYPE OF REPORT	$\overline{\Delta}$	
Trimes -	for Treasurer		7th Day	Heec	edne
Name of Issuing Instit	R. Expenses Incurre	d on Committee Cre Type of Credit Card:	edit Card '		
y e		Visa Master C	Card Discover Americ	an Express	Other:
Name of Vendor, Person or	Entity			Date of Trai	nsaction
				/	
Street Address		City		State	Zip Code
	T				
Purpose of Expenditure (by code)	Description		Event#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum R Required None of the below	unless "None of the below"	is checked)		
	Coordinated with reimbursement sought (joint expending Coordinated without reimbursement sought (in-kind co	-	endent zation OA OB OC OD		
Name of Vendor, Person or	Entity			Date of Tran	saction
Chant Addron					<i>:</i>
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description	/	Event#	1	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum R Required	unless "None of the below"	is checked)	_	
	None of the below Coordinated with reimbursement sought (joint expending Coordinated without reimbursement sought (in-kind coordinated with re		endent		
Name of Vendor, Person or	Entity			Date of Trans	saction
Street Address		City		State	Zip Code
				State	Zip Code
Purpose of Expenditure (by code)	Description		Event #	A	Amount
Expenditure # · (if applicable)	Type of Expenditure (Itemization in Addendum R Required	unless "None of the below" i	l is checked)		·
	None of the below Coordinated with reimbursement sought (joint expendit Coordinated without reimbursement sought (in-kind cor				
		O organiz	zation: OA OB OC OD		
	SU	BTOTAL Section R — T	This Page		
	TOTA	AL of additional Section	R Pages		
тот	FAL OF ALL EXPENSES INCURRED ON C (Enter total on Line	COMMITTEE CREDI 27, Column A of Summary 1		<u> </u>	
			•	•	
- · ·		<u> </u>			

NAME OF COMMITT	EEF (Provide Complete Name as Registered with Filing Repository)	TVPE OF	DEDODT /		
Primes	for Theasure	TYPE OF	MII	2000	Mine-
	S. Expenses Incurred by Committee but Not Paid Durin	g this P	eriod	11.00	True of
Name of Creditor				Date Incurr	ed
				·	make the same of t
Street Address	City			State	Zip Code
Purpose of Expenditure (by code)	Description Event #	!			ount Incurred mate or Actual)
Expenditure # (ff applicable)	Type of Expenditure (Itemization in Addendum S Required unless "None of the below" is check None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution)	Mark Market Mark	Oc Op		
Name of Creditor				Date Incurre	ed
Street Address	City			State	Zip Code
Purpose of Expenditure (by code)	Description Event #				unt Incurred nate or Actual)
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum S Required unless "None of the below" is checked None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (joint expenditure) Organization		Oc Op		
Name of Creditor	Coordinated without reimbursement sought (in-kind contribution)			Date Incurre	d
Street Address	City			State	Zip Code
Purpose of Expenditure (by code)	Description Event #				unt Incurred nate or Actual)
Expenditure # (ff applicable)	Type of Expenditure (Itemization in Addendum S Required unless "None of the below" is checked. None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) Organization:		Oc O d		
	SUBTOTAL Section S-This	Page			\times
	TOTAL of additional Section S I				
TOTAL OF ALL EX	XPENSES INCURRED BY COMMITTEE DURING THIS PERIOD BUT NOT I (Enter total on Line 28, Column A of Summary Page	PAID Totals)		<u> </u>	
	Previously reported Expenses Unpaid and still Outstand				
	TOTAL OF ALL EXPENSES INCURRED BY COMMITTEE BUT NOT (Enter total on Line 28a, Column A of Summary Page	PAID Totals)	<u> </u>		/ 1
		ty.			

NAME OF COMMITTE	EE Provide Complete Name as Registered with Filing Reposito	nry)	Control Control	TYPE OF RE	PORT		
Fames	for Treasurer			Ah	Day	trecedi	ve,
	T. Itemization of Reim	bursements	and Secondary l	Payees)		d
Last Name of Worker/Cons	sultant	First			МІ	Date of Payment to Ve Person or Entity	endor,
Name of Vendor, Person or	Entity Paid by Committee Worker/Consultant					Committee Worker/Consu	ıltant as
				reported in	n Section P: ck #	Debit Card	EFT
Street Address of Vendor, I	Person or Entity Paid by Committee Worker/Consultant	City			7	State Zip Code	
					· .		
Purpose of Expenditure (by code)	Description		Event#			Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Requirement None of the below Coordinated with reimbursement sought (joint expersion Coordinated without reimbursement sought (in-kince)	enditure)	Independent Organization:				
Last Name of Worker/Cons		First	Organization. 6	АОВС	м	Date of Payment to Ve	ndor.
						Person or Entity	,
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant			reported in	Payment to Reimburse Committee Worker/Consult reported in Section P: Check # O Debit Card			
Street Address of Vendor, F	Person or Entity Paid by Committee Worker/Consultant	City				State Zip Code	
Purpose of Expenditure (by code)	Description		Event #			Amount	
Expenditure # (if applicable) Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked) None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) Independent Organization: O A O B O C O D							
Last Name of Worker/Cons	nultant	First			MI	Date of Payment to Ver Person or Entity	ndor,
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant		<u> </u>			Section P:	Committee Worker/Consul	tant as
Street Address of Vendor, A	Serson or Entity Paid by Committee Worker/Consultant	City		Chec		State Zip Code) EF I
					• [
Purpose of Expenditure (by code)	Description	· ·	Event #		·	Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Require None of the below Coordinated with reimbursement sought (joint expertion) Coordinated without reimbursement sought (in-kind)	nditure)	O Independent			/	
	Sees distance without formous enteres sought (in and		Organization: 0		$C \circ D$		
SUBTOTAL Section T — This Page							
TOTAL of additional Section T Pages							
TOTAL OF ALL	REIMBURSEMENT TO COMMITTEE V	WORKERS .	AND CONSULTAI	NTS			
				/	/		